

EXHIBIT “A”

NFL**CONCUSSION SETTLEMENT**IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION
No. 2:12-md-02323 (E.D. Pa.)

RC001

**PROPOSED REPRESENTATIVE CLAIMANT DECLARATION:
DECEASED RETIRED NFL FOOTBALL PLAYER**

A person who has not been appointed as the authorized representative of a deceased Retired NFL Football Player ("Player") by a court or other official of competent jurisdiction under applicable state law, and who cannot submit to the Claims Administrator such other proof of representative capacity that the Claims Administrator has been authorized by the Court or the Parties to accept, must complete and submit this Declaration in support of his or her Petition for Appointment as Representative Claimant on behalf of the Player and/or his estate, heirs, and beneficiaries in connection with the NFL Concussion Settlement program.

I. PLAYER INFORMATION

Name	First Name Junious (a/k/a Buck)	M.I.	Last Name Buchanan
Settlement Program ID			
Player's Social Security Number	416 - 50 - 6745	Date of Death	Jul /16 /1992 (Month/Day/Year)
Player's Residence Address at Time of Death	Street 105 W 128 City Kansas City State MO Zip Code 64145		

II. PROPOSED REPRESENTATIVE CLAIMANT INFORMATION

Name	First Name Georgia	M.I.	Last Name Buchanan
Proposed Representative Claimant's Social Security Number	415 - 68 - 2809		
Proposed Representative Claimant's Address	Street 105 W 128 City Kansas City State MO Zip Code 64145		
Relationship to Player	Georgia is Buck's widow. Georgia and Buck were married on September 1, 1984 and never divorced prior to Buck's death on July 16, 1992.		
Basis of Authority to Act for Player	As Buck's widow, Georgia is a lawful heir of Buck pursuant to Missouri laws of intestacy, R.S.Mo Section 474.010, et al. As the surviving spouse of Buck, Georgia is entitled to bring a wrongful death action under R.S.Mo Section 537.080, et al. or be appointed as a fiduciary to bring a survival action under R.S.Mo. Section 537.010, et al.		

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List All Document(s) Submitted Evidencing
the Basis for Your Authority (attach additional
sheets, if needed)

- Copy of Marriage Licence between Junious Buchanan (a/k/a Buck Buchanan) and Georgia Buchanan
- Copy of Death Certificate of Junious Buchanan (a/k/a Buck Buchanan)

III. PROPOSED REPRESENTATIVE CLAIMANT CERTIFICATION

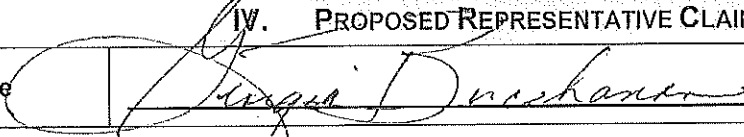
This Declaration is an official document submitted in connection with the Class Action Settlement in *In re: National Football League Players' Concussion Injury Litigation*, MDL No. 2323. By signing this Declaration, I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that:

- (a) I have authority to act on behalf of the Player and his estate, heirs, and beneficiaries in connection with the NFL Concussion Settlement program (the "Program"), including with respect to the submission of materials to register for the Program, the filing of any Claim Packages for Monetary Awards, and the receipt of payment for any Monetary Awards.
- (b) I will abide by all substantive laws of the Player's last state of domicile concerning the compromise and distribution of any Monetary Award or Supplemental Monetary Award to the appropriate heirs or other beneficiaries and any other parties with any right to receive any portion of any payments.
- (c) I will notify the Claims Administrator promptly if my authority to act is curtailed, surrendered, withdrawn, or terminated.
- (d) I am not aware of any objections to my appointment and service as the Representative Claimant on behalf of the Player and his estate, heirs, and beneficiaries.
- (e) I will indemnify and hold harmless the Released Parties, as defined in Section 2.1(bbbb) of the Settlement Agreement, and their attorneys and insurers, Class Counsel, Co-Lead Class Counsel, the Claims Administrator, the BAP Administrator, the Lien Resolution Administrator, the Special Masters, and the agents and representatives of any of the foregoing, from any and all claims, demands, or expenses of any kind arising out of or relating to my actions in connection with the Program, including, without limitation, as set forth in Section 11.4 of the Settlement Agreement.

The information I have provided in this Declaration is true and correct. I understand that the Claims Administrator and Court will rely on this Declaration and false statements or claims made in connection with this Declaration may result in fines, imprisonment, and/or any other remedy available by law to the federal government.

NFL**CONCUSSION SETTLEMENT**IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION
No. 2:12-md-02323 (E.D. Pa.)**IV. PROPOSED REPRESENTATIVE CLAIMANT SIGNATURE**

Signature



Date

Aug /22 2017
(Month/Day/Year)**V. HOW TO SUBMIT THIS DECLARATION**

Complete this Declaration fully, sign it, and submit it to the Claims Administrator using one of the methods below. If you have not already done so, you must also submit: (1) a completed Petition for Appointment of Representative Claimant; (2) documents evidencing that the Player is deceased; and (3) all documents you identified in Section II as supporting your authority to serve as the proposed Representative Claimant.

By Mail:

NFL Concussion Settlement
Claims Administrator
P.O. Box 25369
Richmond, VA 23260

By Delivery:

NFL Concussion Settlement
c/o BrownGreer PLC
250 Rocketts Way
Richmond, VA 23231

VI. HOW TO CONTACT US WITH QUESTIONS OR FOR HELP

If you are represented by a lawyer, consult with your lawyer if you have questions or need assistance. If you are unrepresented and have any questions about this Declaration or need help, contact us at 1-855-887-3485 or send an email to ClaimsAdministrator@NFLConcussionSettlement.com. If you are a lawyer, call or email your designated Firm Contact for assistance. For more information about the Settlement Program, visit the official website at www.NFLConcussionSettlement.com to read the Frequently Asked Questions or download a copy of the complete Settlement Agreement.

MARRIAGE LICENSE

K 171P1832

RECORDS DEPARTMENT

JACKSON COUNTY MISSOURI,
AT KANSAS CITY

NO. K 83601

STATE OF MISSOURI }
COUNTY OF JACKSON } SS.

This License authorizes any person authorized under the laws of this State to solemnize marriage between BUCK BUCHANAN of the County of JACKSON and State of MISSOURI who is OVER the age of eighteen years and GEORGIA T. JOHNSON of the County of JACKSON and State of MISSOURI who is OVER the age of eighteen years.

Witness my hand as Recorder, with the seal of office hereto affixed, at my office in Kansas City, Missouri this 20th day of August 19 84.

Karen Kirtley Stubbs
KAREN KIRTLLEY STUBBS, DIRECTOR OF RECORDS

By Vern L. Bowden
Deputy

STATE OF MISSOURI }
COUNTY OF JACKSON } SS.

This is to certify that the undersigned, a Methodist Minister did in said County and State on the 1st day of September 19 84 unite in marriage the above named persons.

Signature

Emanuel Cleaver 5540 Wayne

PRINT NAME AND ADDRESS ON THIS LINE.

THIS LICENSE VOID AFTER THIRTY (30) DAYS FROM DATE OF ISSUANCE IF NOT USED.

This License must be returned to the office of the Director of Records by the person solemnizing the marriage, within ninety days from the issuance thereof. (Below to be completed by Department of Records Only)

Filed this 14th day of September 19 84.

DATE **AUG 15 1984**

LICENSE No. **K 83601**

APPLICATION FOR LICENSE TO MARRY

K. 171P1833

License
Issued by **UFB**

STATE OF MISSOURI

AFFIDAVIT OF PARTIES

County of Jackson

I, **BUCK BUCHANAN**

5110 HICKORY RD

KC

JACKSON

MISSOURI

Date of Birth

9

10

1940

Party of the first part, desiring to procure a license to marry

GEORGIA T. JOHNSON

8730 BRISTOL

KC

JACKSON

MISSOURI

Date of Birth

4

20

1944

Party of the second part, do hereby solemnly swear that I am the age of **43** years, that we are not first cousins, that I am single and unmarried, and may lawfully contract and be joined in Marriage.

(GROOM SIGN HERE)

STATE OF MISSOURI

County of Jackson

I, the undersigned, do hereby solemnly swear that I am the party of the second part, named in the

above application for a marriage license, that I am the age of **40** years, that we are not first cousins, that I am single and unmarried, and may lawfully contract and be joined in Marriage.

(BRIDE SIGN HERE)

Subscribed and sworn to before me this

day of

AUG 15 1984

19

Elizabeth Christman

ELIZABETH CHRISTMAN

Notary Public - State of Missouri Notary Public

Commissioned in Jackson County

My Commission Expires December 1, 1987

(Consent of Parent or Guardian to the Marriage of a Minor)

STATE OF MISSOURI

County of Jackson

I the undersigned, do hereby solemnly swear that I am the

said party of the part, named in the foregoing application for marriage license, and do hereby give my

consent to marriage,

(SIGN HERE)

Address

Subscribed and sworn to before me this

day of

19

9-1-84

Notary Public

KAREN KIRTLEY STUBBS, Director of Records

By **UFB**

Deputy

STATE FILE NUMBER 124 - 92 103060		JUNIOR BUCANAN		MALE		JULY 16, 1992	
REGISTRATION DISTRICT NO.		BUCANAN		JUNIOR		JULY 16, 1992	
1. DECEASED'S NAME (Last, First, Middle, Last)		BUCANAN		JUNIOR		JULY 16, 1992	
2. SEX		MALE		JULY 16, 1992		JULY 16, 1992	
3. DATE OF BIRTH (Month, Day, Year)		JULY 16, 1992		JULY 16, 1992		JULY 16, 1992	
4. SOCIAL SECURITY NO.		416-50-6745		416-50-6745		416-50-6745	
5. WAS DECEASED EVER IN U.S. ARMED FORCES?		No		No		No	
6. HOSPITAL		No		No		No	
7. PLACE OF DEATH (Specify only one; see instructions on other side)		KANSAS CITY		KANSAS CITY		KANSAS CITY	
8. CITY, TOWN, OR LOCATION OF DEATH		KANSAS CITY		KANSAS CITY		KANSAS CITY	
9. COUNTY OF DEATH		JACKSON		JACKSON		JACKSON	
10. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)		K.C. CHIEFS		K.C. CHIEFS		K.C. CHIEFS	
11. SURVIVING SPOUSE'S NAME (If wife, give her maiden name)		MARRIED		MARRIED		MARRIED	
12. RESIDENCE - STATE		MISSOURI		MISSOURI		MISSOURI	
13. STREET AND NUMBER		105 WEST 128th ST		105 WEST 128th ST		105 WEST 128th ST	
14. WAS DECEASED DEPENDENT ORIGIN (Specify for 14-15: specify cause: Alcohol, Poison, Burns, etc.)		No		No		No	
15. RACE - American Indian, Black, White, etc.		BLACK		BLACK		BLACK	
16. MOTHER'S NAME (Last, Middle, Initial, Surname)		FANNIE MAE		FANNIE MAE		FANNIE MAE	
17. FATHER'S NAME (Last, Middle, Initial, Surname)		WALLACE BUCHANAN		WALLACE BUCHANAN		WALLACE BUCHANAN	
18. INFORMANT'S NAME (Specify)		MRS. GEORGIA BUCHANAN		MRS. GEORGIA BUCHANAN		MRS. GEORGIA BUCHANAN	
19. DATE OF DEATH (Month, Day, Year)		JULY 20, 1992		JULY 20, 1992		JULY 20, 1992	
20. PLACE OF DISPOSITION (Name of cemetery, crematorium, or other place)		KANSAS CITY, MISSOURI		KANSAS CITY, MISSOURI		KANSAS CITY, MISSOURI	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON CARRYING AS SUCH		WATKINS. 4000 BRUSH CREEK BLVD KCMO. 64130		WATKINS. 4000 BRUSH CREEK BLVD KCMO. 64130		WATKINS. 4000 BRUSH CREEK BLVD KCMO. 64130	
22. PART I: Enter the disease, injuries, or complications that caused the death. Do not leave this space blank, such as cardiac or respiratory arrest, stroke, or heart failure. If only one cause on death certificate, specify only one cause on death certificate.		Adenocarcinoma of lung		Adenocarcinoma of lung		Adenocarcinoma of lung	
23. PART II: Enter the legal final condition contributing to death but not resulting in the underlying cause given in Part I.		DUE TO ICR AS A CONSEQUENCE OF:		DUE TO ICR AS A CONSEQUENCE OF:		DUE TO ICR AS A CONSEQUENCE OF:	
24. MANNER OF DEATH		Natural		Natural		Natural	
25. DATE OF INJURY (Month, Day, Year)		JULY 20, 1992		JULY 20, 1992		JULY 20, 1992	
26. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		At home		At home		At home	
27. INJURY AT WORK?		No		No		No	
28. INJURY AT WORK?		No		No		No	
29. INJURY AT WORK?		No		No		No	
30. INJURY AT WORK?		No		No		No	
31. INJURY AT WORK?		No		No		No	
32. INJURY AT WORK?		No		No		No	
33. INJURY AT WORK?		No		No		No	
34. INJURY AT WORK?		No		No		No	
35. INJURY AT WORK?		No		No		No	
36. INJURY AT WORK?		No		No		No	
37. INJURY AT WORK?		No		No		No	
38. INJURY AT WORK?		No		No		No	
39. INJURY AT WORK?		No		No		No	
40. INJURY AT WORK?		No		No		No	
41. INJURY AT WORK?		No		No		No	
42. INJURY AT WORK?		No		No		No	
43. INJURY AT WORK?		No		No		No	
44. INJURY AT WORK?		No		No		No	
45. INJURY AT WORK?		No		No		No	
46. INJURY AT WORK?		No		No		No	
47. INJURY AT WORK?		No		No		No	
48. INJURY AT WORK?		No		No		No	
49. INJURY AT WORK?		No		No		No	
50. INJURY AT WORK?		No		No		No	
51. INJURY AT WORK?		No		No		No	
52. INJURY AT WORK?		No		No		No	
53. INJURY AT WORK?		No		No		No	
54. INJURY AT WORK?		No		No		No	
55. INJURY AT WORK?		No		No		No	
56. INJURY AT WORK?		No		No		No	
57. INJURY AT WORK?		No		No		No	
58. INJURY AT WORK?		No		No		No	
59. INJURY AT WORK?		No		No		No	
60. INJURY AT WORK?		No		No		No	
61. INJURY AT WORK?		No		No		No	
62. INJURY AT WORK?		No		No		No	
63. INJURY AT WORK?		No		No		No	
64. INJURY AT WORK?		No		No		No	
65. INJURY AT WORK?		No		No		No	
66. INJURY AT WORK?		No		No		No	
67. INJURY AT WORK?		No		No		No	
68. INJURY AT WORK?		No		No		No	
69. INJURY AT WORK?		No		No		No	
70. INJURY AT WORK?		No		No		No	
71. INJURY AT WORK?		No		No		No	
72. INJURY AT WORK?		No		No		No	
73. INJURY AT WORK?		No		No		No	
74. INJURY AT WORK?		No		No		No	
75. INJURY AT WORK?		No		No		No	
76. INJURY AT WORK?		No		No		No	
77. INJURY AT WORK?		No		No		No	
78. INJURY AT WORK?		No		No		No	
79. INJURY AT WORK?		No		No		No	
80. INJURY AT WORK?		No		No		No	
81. INJURY AT WORK?		No		No		No	
82. INJURY AT WORK?		No		No		No	
83. INJURY AT WORK?		No		No		No	
84. INJURY AT WORK?		No		No		No	
85. INJURY AT WORK?		No		No		No	
86. INJURY AT WORK?		No		No		No	
87. INJURY AT WORK?		No		No		No	
88. INJURY AT WORK?		No		No		No	
89. INJURY AT WORK?		No		No		No	
90. INJURY AT WORK?		No		No		No	
91. INJURY AT WORK?		No		No		No	
92. INJURY AT WORK?		No		No		No	
93. INJURY AT WORK?		No		No		No	
94. INJURY AT WORK?		No		No		No	
95. INJURY AT WORK?		No		No		No	
96. INJURY AT WORK?		No		No		No	
97. INJURY AT WORK?		No		No		No	
98. INJURY AT WORK?		No		No		No	
99. INJURY AT WORK?		No		No		No	
100. INJURY AT WORK?		No		No		No	

State of Missouri
City of Kansas City

This is a Certified Copy of an Original Document

I hereby certify that this copy is an exact reproduction of the certificate of death for the person named therein as it now appears in the permanent records of the Bureau of Vital Statistics, Kansas City, Missouri. Witness my hand as Director of Health, Kansas City, Missouri this date of

JUL 31 1992

Richard M. Denny M.D.

6210-007 (8/76)